



P.O. Box 4936
Helena, MT 59604
Telephone: (406) 442-1837 Local and Out-of-State
In State Toll Free: 1-800-624-3958
Fax: (406) 442-4402

**National Provider Identifier (NPI)
Montana Healthcare Programs Provider Contingency Plan Certification**

I certify that a signed NPI contingency plan is on file within our office for the provider listed below. The plan is available should a complaint be filed against this provider because the provider has not yet become NPI compliant. I assure Montana Healthcare Programs that a good faith effort is being made toward becoming compliant with the NPI standards.

I will notify Montana Healthcare Programs once compliance with the NPI standards has been reached on or prior to May 23, 2008. I understand that no claims will be processed utilizing proprietary provider ID numbers on or after May 23, 2008.

Proprietary Provider Number

(*Montana Healthcare Program Number*): _____

Provider Name (*please print*): _____

Authorized Representative Name (*please print*): _____

Authorized Representative Signature: _____

Authorized Representative Title (*please print*): _____

Date: _____

Note: A separate form must be completed for each provider number.

Please mail this form to ACS, P.O. Box 4936, Helena, MT 59604 or Fax to (406) 442-4402.

If you have any questions or require further information, please contact ACS Provider Relations unit at 1-800-624-3958 (in-state) or 406-442-1837 (Helena and out-of-state providers.)